

New England Dermatology & Laser Center
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HAIR LOSS QUESTIONNAIRE

Name _____ Date _____ Chart _____ Age _____ Sex _____

- When did you first notice your problem?
- Who first noticed your hair loss? You, family member, friend, hairstylist
- Did you first notice thinning or excess shedding?
- Has your problem been slowly or rapidly progressive?
- Has the problem been localized in patches or does it involve your entire scalp?
- Do you think that the cause of your problem is increased shedding, hair breakage, or failure to grow?
- Do you think that you are losing more than 100 hairs a day?
- Do you think that your hair grows slowly, fast, or not at all?
- Has there been a change in the color, texture, waviness, brittleness, or thickness of individual hairs?
 If so please explain.
- What is your natural hair color?
- Do you consider your individual hairs to be thin, average, or thick?
- Do you have straight, mild wave, or curly hair?
- Has your hair become more unmanageable?
- Do you have any excess facial or body hair? If yes, where?
- Do other family members have excess facial or body hair? If yes, who?

HAIR CARE:

- How do you take care of your hair?
- Do you have your hair professionally done? If yes, how often?
- How often do you shampoo?
- Have you changed the frequency of shampooing?
- What is your usual shampoo?
- Have you recently changed shampoos?
- Please **CIRCLE** any of the things listed you do to your hair and how often:
 - Put your hair in rollers
 - Electric rollers/curling iron
 - Sleep with rollers
 - Use rubber-bands in your hair

- Have you been under emotional stress recently?
- Have you had any change in your mental health recently?
- Have you taken any medication for your mental health?
- Have you had any chemical exposure on a chronic basis in either the workplace or at home?
- What medicines are you taking or were you taking within three months of noting your hair loss problem?

MENSTRUAL HISTORY:

- At what age did you have your first period?
- Are your menstrual cycles regular or irregular?
- Has this pattern changed recently?
- Have you gone thru menopause? Age of onset? (Natural or the result of surgery)
- How many times have you been pregnant? Number of children?
- Date of last pregnancy?
- Did you experience hair loss associated with or after any of your pregnancies?
- Have you ever taken birth control pills or hormone replacement therapy?

If yes, when and for how long?

If you are no longer taking hormones, when did you stop?

- Did you experience any hair loss while you were on birth control pills or hormone replacement therapy or within three months of stopping them?

FAMILY HISTORY:

- Is there any history of hair loss in brothers, sisters, parents, or grandparents on either side?

If yes, please describe.

- Is there any history of thyroid disease in your family?

TREATMENT:

- What have you done to treat your hair loss problem?
- Have you discussed your problem or had treatment recommended to you by your hairstylist or pharmacist?
If yes, what suggestions were made?
- Have you been evaluated or treated by another physician for this problem? If yes, what tests or treatments were recommended?
- Have you ever had this problem previously? If yes, when? How long did it last? How were you treated?
- Have you used any over-the-counter, advertised, or prescription medications; such as pills, topical solutions and shampoos, herbal treatments, or other treatments in an effort to treat your problem?
- What do you think is causing your hair problem?